Evidence for change of age shown on:

12145 Dr Emrich Hebron 03418

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 12 MAR 14 1950

Reg. Dist. No. 332

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

(I)

1. PLACE OF DEATH: COUNTY Wicomico County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron / LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hebron Md	STREET ADDRESS (If rural, give location) Hebron

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	D	Birkhead	3	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Col	married	10-6-1880	7069 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	none	Hebron	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lee Jacob Birkhead	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	no	Edward Birkhead

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	7 days
331 x Antecedent cause(s)		
53a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 24th, 1950., to March 1st, 1950., that I last saw the deceased alive on March 1st, 1950., and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Emrich	M.D.	Hebron Md.	March 2-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-5-50	Rockawalking Cem	Rockawalking	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-3-50	Mary M. Holloway	Burke M. Leach	Salisbury, Md

RECEIVED
MAR 8 1950
BUREAU

Dr. Yeaman

03419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH- COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1019 Allyn St.	STREET ADDRESS (If rural, give location) 295 Fitzwater St.

3. NAME OF DECEASED (Type or Print)	(First) Maybelle	(Middle)	(Last) Bounds	4. DATE OF DEATH	(Month) Mar. (Day) 12- (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 14- 1883	9. AGE last birthday 66 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Wicomico Co. Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Mr. James Bounds		14. MOTHER'S MAIDEN NAME Miss. Charlotte Malone			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Luther Malone (Daughter) 295 Fitzwater St. Salisbury - Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Insufficiency.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

93d (c) Cardiac Dilatation - Congestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946, to March 12, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE John H. Yeaman M.D. (Degree or title) ADDRESS 238 Camden Ave; Salisbury, Md. DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/14/50	NAME OF CEMETERY OR CREMATORY Siloam Cemetery	LOCATION (City, town, or county) Siloam Maryland (State)
DATE REC'D BY LOCAL REG. 3-14-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company-Salisbury, Md.	ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAR 17 1950
BUREAU V. S.

612

03420

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville R 1 | LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location) R.R.#1

3. NAME OF DECEASED (Type or Print) (First) David (Middle) (Last) Bradford

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1950

5. SEX male | 6. COLOR OR RACE white | 7. ~~SINGLE, MARRIED, WIDOWED~~, DIVORCED, (Specify) | 8. DATE OF BIRTH 1902 | 9. AGE last birthday 48 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-retired | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | 11. BIRTHPLACE (State or foreign country) unknown | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Kenneth Bradford | 14. MOTHER'S MAIDEN NAME Della Timmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Mrs Effie Phillips

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

002.x Immediate cause (a) Pulmonary Tuberculosis 14 yrs

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Mar, 1950, to 28 M, 1950, that I last saw the deceased alive on 28 Mar, 1950, and that death occurred at 5 a.m. m., from the causes and on the date stated above.

SIGNATURE Herman C. Rahlen M.D. (Degree or title) ADDRESS Bay St. Bulu, Md DATE SIGNED 28 Mar 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE March 30 1950 | NAME OF CEMETERY OR CREMATORY Perdue Cemetery | LOCATION (City, town, or county) Near Powellsville (State) Md

DATE REC'D BY LOCAL REG. 3-28-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Wm Howard Wells | ADDRESS Pittsville Md

308VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1950

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03421

CERTIFICATE OF DEATH

Reg. Dist. No. 332

FILM No. G 12 APR 6 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury. — LENGTH OF STAY (in this place): 18 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar R.F.D

STREET ADDRESS (If rural, give location): Columbia, near Delmar

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Waters (Last) Bradley

4. DATE OF DEATH: (Month) 3 (Day) 24 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Sept 12 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Owner

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: James F Bradley

14. MOTHER'S MAIDEN NAME: Margaret Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Miss Daisy Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2 yrs.

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Uremia due to Generalized arteriosclerosis. — 1 mon.

(4-6-50 - ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to Death, 19....., that I last saw the deceased alive on 3-24-50, 19....., and that death occurred at 11 C m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lee L Lowry M.D. Fruitland 3-26-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 3/27/50 | NAME OF CEMETERY OR CREMATORY Firemans | LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REG. 3-27-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | **24. FUNERAL DIRECTOR** ADDRESS The Tull & Johnson Co. Hagerstown, Md

OOOVV

RECEIVED
1950
U. S. AIR FORCE

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

03422

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Preston (Middle) Lee (Last) Brooks

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1950

5. SEX male

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 5-16-49

9. AGE last birthday yrs. If under 1 year Months 8 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Roy Brooks

14. MOTHER'S MAIDEN NAME Beatrice Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT Roy Brooks, Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Burns of entire Body — sudden death

180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Fruitland (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) 3 (Day) 29 (Year) 50 (Hour) 12 m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Stove fell over — ignited home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker (Degree or title) M.D. ADDRESS 502 Noplis Salisbury Md DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3-31-50

NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery

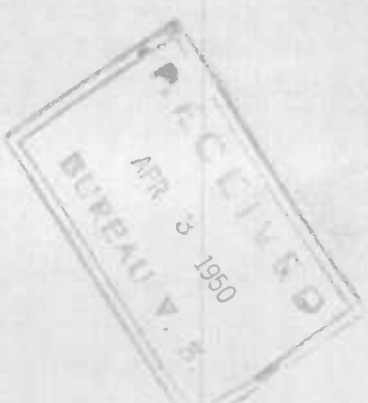
LOCATION (City, town, or county) Fruitland, Wicomico Co. (State) Md

DATE REC'D BY LOCAL REG. 3-30-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Norma J. Ward ADDRESS Marion Sta., Md.

2-0-5-16-9-21-4-40-V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APR 3 1950
BUREAU V. S.

601

03423

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Salisbury Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dagsboro R.F.D. #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) (Last) Brown

4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 2/11/39
9. AGE last birthday 11 yrs. If under 1 year Months 1 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brockton Mass.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Francis J Brown
14. MOTHER'S MAIDEN NAME Elbar Wilbar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT ELBAR. WILBAR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819.5 Immediate cause (a) Brain laceration & fractured skull — INTERVAL BETWEEN ONSET AND DEATH: sudden death

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Pittsville (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 3 (Day) 15 (Year) 50 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Car swerved to avoid another & struck tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE LaRademaker MD (Degree or title) Dep Med Exam ADDRESS 502 No Dis Salisbury Md DATE SIGNED 3/15/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 18 1950
NAME OF CEMETERY OR CREMATORY Rest Men Cemetery
LOCATION (City, town, or county) Dagsboro Dela. (State)

DATE REC'D BY LOCAL REG. 3-21-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H Watson ADDRESS Pocomoke City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03424

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 hr 25 m
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford.
STREET ADDRESS (If rural, give location) 418 PINE STREET ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) ELIZA (Last) Brown

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1950

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH DEC. 26, 1866
9. AGE last birthday 83 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) DELAWARE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN H. KINDER
14. MOTHER'S MAIDEN NAME MARIA M. MELSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) –
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS KARL K. BROWN - SEAFORD, DELAWARE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Thrombosis	Symptoms 1 month
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1950, to March 18, 1950, that I last saw the deceased alive on March 18, 1950, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE David Gilmore (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 22 MAR 1950
NAME OF CEMETERY OR CREMATORY ODD FELLOWS CEMETERY
LOCATION (City, town, or county) (State) SEAFORD, DELAWARE

DATE REC'D BY LOCAL REG. 3-20-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR MEDFORD L. WATSON ADDRESS SEAFORD, DELAWARE

RECEIVED
MAR 23 1950
BUREAU V. S.

Dr. Sohlar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03425

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. # 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
STREET ADDRESS (If rural, give location): R.D. #3

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Ellen (Last) Brumbley

4. DATE OF DEATH: (Month) Mar. (Day) 11- (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 17-1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Mr. John Caster

14. MOTHER'S MAIDEN NAME: Miss. Elizabeth Pusey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Louis E. Brumbley - Delmar RD #3 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rheumatic heart disease — 20 years

416X

Antecedent cause(s)

582 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic fever — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis. — ?

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to March 2, 1950, that I last saw the deceased alive on March 1st, 1950, and that death occurred at 1.05 A.M., from the causes and on the date stated above.

SIGNATURE: K.V. Sohler (Degree or title) M.D. ADDRESS: Delmar, Del. DATE SIGNED: 3-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/13/50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, MD.

DATE REC'D BY LOCAL REG. 3-13-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company-Salisbury, Md.

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03426

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 509 S. Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 509 S. Division Street

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Davis
4. DATE OF DEATH (Month) 3 (Day) 15 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March-19, 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm hand
11. BIRTHPLACE (State or foreign country) Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Davis
14. MOTHER'S MAIDEN NAME Sarah Emaline Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Ella Davis 509 S. Div. St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gunshot wound of head	Sudden
976 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
164c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 15 (Year) 50 (Hour) 9:30 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self-inflicted gunshot wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE J. A. Radenmaker (Degree or title) Dep. Medical Examiner; ADDRESS 502 N. Division St. Salisbury, Maryland DATE SIGNED 3/15/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Mar 18-50 NAME OF CEMETERY OR CREMATORY Wico-Mem. Park LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 3-18-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co Salisbury Md. ADDRESS Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 21 1950
BI MPAU

609

Dr. Gilmore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03427

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY: Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital	STREET ADDRESS (If rural, give location): 100 New York Ave.

3. NAME OF DECEASED (Type or Print)	(First) Samuel	(Middle) Whitney	(Last) Day	4. DATE OF DEATH	(Month) Mar. (Day) 24 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: April 5-1886	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent for Penn. Railroad Co.	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): North East Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: S. Witney Day		14. MOTHER'S MAIDEN NAME: Margret Dorsey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Mrs. Emma G. Day (Wife) 100 New York Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

Antecedent cause(s)

420.1

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1950, to Mar 24, 1950, that I last saw the deceased alive on March 24, 1950, and that death occurred at 8:40P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David Gilmore	M.D.	Salisbury Md.	3/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/27/50	NAME OF CEMETERY OR CREMATORY: Mount Salem Cemetery	LOCATION (City, town, or county) (State): Wilmington - Delaware
DATE REC'D BY LOCAL REG. 3-25-50	REGISTRAR'S SIGNATURE: Mary W. Holloway	24. FUNERAL DIRECTOR: Holloway & Company -Salisbury, Md.	ADDRESS

Walter R. Holloway 24447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

I

RECEIVED
MAR 27 1950
BUREAU

03428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards. LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards
STREET ADDRESS (If rural, give location) Willards.

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) Kate (Last) Dennis

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 19, 1885
9. AGE last birthday 64 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ephrom Dennis
14. MOTHER'S MAIDEN NAME Ann Moriah Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mr. Ellon Dennis Willard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

171 X Immediate cause (a) Adenocarcinoma of uterus c metastasis — 10 yrs.

Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Radium used 1940
19b. MAJOR FINDINGS OF OPERATION Biopsy taken from cervix in 1940 showed adenocarcinoma
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to 3-15, 1950, that I last saw the deceased alive on 3-15, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE Frank R. Lewis (Degree or title) M.D. ADDRESS Willards Maryland DATE SIGNED 3-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/18/50
NAME OF CEMETERY OR CREMATORY Willards Cemetery
LOCATION (City, town, or county) Willards (State) Md.

DATE REC'D BY LOCAL REG. 3-20-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR M. Pasha Watson ADDRESS Selbyville Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1950
BUREAU V. S

Evidence for change of age shown on:

FILM No. G 124 MAR 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03429

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 308 Ann St.

3. NAME OF DECEASED (Type or Print) (First) SAMUEL (Middle) CRISFIELD (Last) DUNN

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 6, 1857
9. AGE last birthday 92 ~~93~~ yrs. If under 1 year Months 10 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm Laborer
11. BIRTHPLACE (State or foreign country) Bivalve, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph Dunn
14. MOTHER'S MAIDEN NAME Susan Horseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Lillie Ewell, 308 Ann St. Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days

332X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis c̄ Hypertension

83b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to 3/15, 1950, that I last saw the deceased alive on 3/15, 1950, and that death occurred at 7:40 am, from the causes and on the date stated above.

SIGNATURE Fred P. Aramie (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 3/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/17/50
NAME OF CEMETERY OR CREMATORY Bivalve Church Cem
LOCATION (City, town, or county) Bivalve (State) Md.

DATE REC'D BY LOCAL REG. 3-16-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. G. Messick ADDRESS Bivalve, Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03430

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 1102 E. Church St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ira	Alfred	Ellis	3	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	Apr. 10, 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lt. Asst. Merchant	Meats	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James T. Ellis	Sarah Ann Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	Spanish-Amer.	Mrs. Carrie M. Ellis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia Pneumonia	3 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

492 109

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan. 7, 1947, to Mar. 14, 1950, that I last saw the deceased alive on Mar. 14, 1950, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lloyd L. Kramer M.D.	Salisbury Md	3/14/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/16/50	Parsons Cemetery	Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-15-50	Mary W. Holloway	Kelley & Johnson Co	

29861

VS-A15

RECEIVED
MAR 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03431

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY (in this place) about 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fruitland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) S. Fourth St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Betsey	Mallitta	Evans		3	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	A a	Baby	7-16-49	yrs.	8	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Marion Station, Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marksman J. Evans	Gertrude Kathryn Cromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	—	Mrs. Gertrude Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	One day
Antecedent cause(s)	(b) Possible Influenza	Week
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) none	

480 330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Fruitland	Wicomico	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar 20, 1950, to Mar 20, 1950, that I last saw the deceased alive on Mar 20, 1950, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G Herbert Lemby - M D		Salisbury Md	3/22/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-23-50	Polks Rd. Cemetery	Polks Road,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-23-50	Maryld Holloway	Norma J. Ward	Marion Sta., Md.

4-0-7-16-9-15-11-40-V

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

03432

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hebron
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Milford - Rural
STREET ADDRESS (If rural, give location) R.F.D. #1 ✓

3. NAME OF DECEASED (Type or Print) (First) Madelyn (Middle) Merritt (Last) Fields
4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 1/21/19
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Blades, Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Thomas Merritt
14. MOTHER'S MAIDEN NAME Matilda Outten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John Thomas Merritt - Seaford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
816.5 Immediate cause	(a) Laceration of neck - probably fracture of neck.	Sudden
170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Hebron (COUNTY) Wicomico (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 19 (Year) 50 (Hour) 9:24 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident - two vehicles

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker (Degree or title) HP ADDRESS Dep. Medical Exam.; 502 N. Division St; Salisbury, Md. DATE SIGNED 3/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-23-50
NAME OF CEMETERY OR CREMATORY Blades Cemetary
LOCATION (City, town, or county) Blades (State) Delaware

DATE REC'D BY LOCAL REG. 3-20-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Midford L. Watson - ADDRESS SEAFORD DELAWARE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1950
BUREAU V. S.

Dgeminne

03433

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH· COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury	LENGTH OF STAY (in this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Pearl	(Middle)	(Last) Flax	4. DATE OF DEATH	(Month) March (Day) 31 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Unknown 1875	9. AGE last birthday 75 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Abe Flax, Pocomoke, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332x Immediate cause	(a) Cerebral Thrombosis	24 hrs
83b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension c̄ Arterio-sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1950, to 3/31, 1950, that I last saw the deceased alive on 3/31, 1950, and that death occurred at 5 50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lynch R. Cramer	M.D.	Salisbury, Md	3/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/31/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Baltimore, Md
DATE REC'D BY LOCAL REG. 3-31-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Henry H. Watson	ADDRESS Pocomoke, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU

03434

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Wicomico Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md | LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md.
STREET ADDRESS (If rural, give location) 508 E. Church St.

3. NAME OF DECEASED (Type or Print) (First) Rosie (Middle) (Last) Furr

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1950

5. SEX Female | 6. COLOR OR RACE col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 6-8-1916 | 9. AGE last birthday 33 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic Housekeeper | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Va | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Aron Waite | 14. MOTHER'S MAIDEN NAME Rose Cranshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Sidney Furr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Laceration of left chest under breast with laceration of left ventricle of heart	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

915.3
195.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION -- | 19b. MAJOR FINDINGS OF OPERATION -- | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Sunshine laundry | (CITY OR TOWN) Salisbury | (COUNTY) Wicomico | (STATE) Maryland

TIME OF INJURY (Month) 3 (Day) 7 (Year) 50 (Hour) 2 P.M. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Explosion of extractor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

J. S. Rademaker Dep. Medical Examiner; 502 N. Division St; Salisbury, Md. 3/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3-10-50 | NAME OF CEMETERY OR CREMATORY Green Acres Cem | LOCATION (City, town, or county) Salisbury | (State) Md

DATE REC'D BY LOCAL REG. 3-9-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Booker & Veach | ADDRESS Salisbury Md.

52086

RECEIVED
MAR 13 1950
HI PEAU V. S.

03435

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Quantico
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARY WINDER GATES

4. DATE OF DEATH (Month) (Day) (Year): March 17 1950

5. SEX: Female
6. COLOR OR RACE: col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 17, 1879
9. AGE last birthday: 70 yrs. — If under 1 year: Months 8, Days 1 — If under 24 hrs.: Hours 1, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Quantico, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Ervin Weatherly
14. MOTHER'S MAIDEN NAME: Elsie Francis Weatherly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Norman Gates - Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Respiratory Failure — 3 hrs

170 Antecedent cause(s) (b) Ca. v. Breast to Lung — 11 months

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Renal Motor Loss

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generalized — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1949, to March 17, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 12:10 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: 302 W. Division St. Salisbury, Md. DATE SIGNED: 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: March 19, 1950
NAME OF CEMETERY OR CREMATORY: Head of Creek Cemetery
LOCATION (City, town, or county): Quantico (State): Md.

DATE REC'D BY LOCAL REG.: 3-18-50
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: C. G. Messick
ADDRESS: Bevalve, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03436

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edeh; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eden; STREET ADDRESS (If rural, give location) R.D. # 2

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Burton (Last) Gordy

4. DATE OF DEATH: (Month) Mar. (Day) 31 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 9- 1894

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forman- City Streets Dept.

10b. KIND OF BUSINESS OR INDUSTRY: STREET DEPT. Salisbury, Md.

11. BIRTHPLACE (State or foreign country): Sussix Co. Delaware

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr. Benjamin Gordy

14. MOTHER'S MAIDEN NAME: Miss Annie Brewington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Grace Gordy (wife) R.D. #2 Eden Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL Vascular Accident — Interval Between Onset and Death: 4 hrs

443 X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Hypertensive Cardio-Vascular DISEASE — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1950, to 3/31, 1950, that I last saw the deceased alive on 3/31, 1950, and that death occurred at 3: 10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Rivers Hauson, M.D. ADDRESS: Salisbury, Md. DATE SIGNED: 4-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4 / 2 / 50 — NAME OF CEMETERY OR CREMATORY: Fruitland Cemetery — LOCATION (City, town, or county) (State): Fruitland Maryland

DATE REC'D BY LOCAL REG. 4-1-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Company - Salisbury, Md. — ADDRESS

Walter P. Holloway 3169

RECEIVED
APR 4 1950
BUREAU M.S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03437

FILM No. G 125 MAR 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
STREET ADDRESS (If rural, give location) 124 WEST College AVE.

3. NAME OF DECEASED (Type or Print): (First) Donald (Middle) — (Last) Graham

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1950

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: Apr. 27, 1873

9. AGE last birthday: 7776 yrs. — If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: HARDWARE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL A. GRAHAM

14. MOTHER'S MAIDEN NAME: LOUISA COLLIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: JOSEPH GUNBY, SALISBURY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Mesenteric Thrombosis — Interval between onset and death: 5 hrs.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Mural (Endocardial) Thrombi — 2 mos.
(c) Arteriosclerotic Heart Disease — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Acute Urinary Retention (Hypertrophied Prostate) — 3 days

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1950, to Mar. 20, 1950, that I last saw the deceased alive on Mar. 20, 1950, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David Gilmore M.D. Salisbury Md. 3/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 3/22/50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Md.

DATE RECD BY LOCAL REG. 3-21-50 — REGISTRAR'S SIGNATURE: Mary LD Holloway — 24. FUNERAL DIRECTOR ADDRESS: The Gill & Johnson Co.

52086

RECEIVED
MAR 23 1950
BUREAU

03438

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Priscilla St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) NEELY (Last) GUY
4. DATE OF DEATH (Month) March (Day) 7 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Jan. 30, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Joseph Neely
14. MOTHER'S MAIDEN NAME Emma ??? Neely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Chas. Briddell, Jr. - Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X Immediate cause (a) Cerebral hemorrhage

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1950, to 3-6, 1950, that I last saw the deceased alive on 3-6, 1950, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE Hugh A. Tusby (Degree or title) ADDRESS Salisbury Md DATE SIGNED 3-10-50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Mar. 10, 1950
NAME OF CEMETERY OR CREMATORY Crisfield Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 3-14-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Bratshaw Funeral Parlors - ADDRESS Crisfield

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1950
BUREAU U. S.

Dr. Yeaman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03439

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 202 Elizabeth Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 202 Elizibeth Street

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) May (Last) Hall

4. DATE OF DEATH: (Month) Mar. (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb- 10 - 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months 1, Days 18. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Newark Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Payne

14. MOTHER'S MAIDEN NAME: Miss Margaret Coulbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. MaBelle Lankford-202 Elizabeth St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to Mar. 28, 1950, that I last saw the deceased alive on Mar. 28, 1950, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: John H. Yeaman M.D. 238 Camden Ave, Salisbury Md. 3/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 31- 50 — NAME OF CEMETERY OR CREMATORY: Newark Cemetery — LOCATION (City, town, or county) (State): Newark Maryland

DATE REC'D BY LOCAL REG. 3-29-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury, Md.

RECEIVED
MAR 31 1950
BUREAU V. S.

5:15 PM 3/28/50

mw

M

- Dr. Radamaker -

MARYLAND STATE DEPARTMENT OF HEALTH

03440

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penna. Railroad Crossing	STREET ADDRESS (If rural, give location) 3II Ohio Ave.

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) William	(Last) Hickmon	4. DATE OF DEATH	(Month) Mar.	(Day) 29	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 10-1927	9. AGE last birthday 22 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Shore Lumber Co.	11. BIRTHPLACE (State or foreign country) Princes Anne Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Mr. Jerone Hickmon	14. MOTHER'S MAIDEN NAME Miss. Ella Daisy Muir						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) World War 2 #	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ella D. Hickmon (Mother) 3II Ohio Ave					

18. MEDICAL CERTIFICATION Salisbury - Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
810.5 Immediate cause	(a) compound Fractured skull	sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lacerated Abdomen	
170a	(c) Co. Fracture Rt ankle	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway & RR	(CITY OR TOWN) Fruitland	(COUNTY) Wicomico	(STATE) Md
TIME OF INJURY (Month) 3 (Day) 29 (Year) 50 (Hour) 3:30 m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? car struck by train		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L A Radamaker	M D	Salisbury Md	3/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/ I / 50	NAME OF CEMETERY OR CREMATORY St. Andrew Esp. Church Cem.	LOCATION (City, town, or county) Princes Anne Maryland (State)
DATE REC'D BY LOCAL REG. 3-31-50	REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Md.	ADDRESS

98809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

RECEIVED
APR 3 1950
BUREAU

03441

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Delaware County: Sussex

City or town: Laurel Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Elizabeth Hill

3. (b) Social Security Number

4. Sex: F.M.

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: William Hill

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): ~~do not know~~ about 1872

8. AGE: Years: about 77 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Laurel Sussex Del
(Town, county, and state)

10. Usual occupation: house work

11. Industry or business: "

FATHER
12. Name: do not know
13. Birthplace: "

MOTHER
14. Maiden name: do not know
15. Birthplace: "

16. Informant: Norman Hill
Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 11 (day) 50 (year)

Cemetery or crematory: Collins near Laurel Del

Location: near Laurel

18. Funeral director: The Hill & Johnson Co
Address: Salisbury Md

19. 3-15 1950 (Date rec'd by registrar) Mary W. Holloway Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3 - 8 1950, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-8 1950, to 3-8 1950 and that I last saw her alive on 3-8-50 19

Immediate cause of death: Chronic myocarditis

Due to: Arteriosclerosis

Due to:

Other conditions: 422.1 93d (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Salisbury Md Date signed: 3-10-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
MAR 13 1950
BUREAU T. S.

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03442

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island
STREET ADDRESS (If rural, give location): R.D.

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) (Last) Huffman

4. DATE OF DEATH: (Month) Mar. (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: About 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deal Island Md. Somerset-Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mr. William Taylor

14. MOTHER'S MAIDEN NAME: Miss. Elizabeth Messick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. Raymond Huffman (son) Deal Island Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Cervix

171 X Antecedent cause(s)

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1, 19~~45~~, to 3-3, 19~~5~~0, that I last saw the deceased alive on 3-3, 19~~5~~0, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE: Raymond Huffman (Degree or title) ADDRESS: Salisbury Md DATE SIGNED: 3-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-5-50

NAME OF CEMETERY OR CREMATORY: DEAL ISLAND CEMETERY

LOCATION (City, town, or county) (State): Deal Island Md.

DATE REC'D BY LOCAL REG. 3-3-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: L.G. Webster - Deal Island, Md.

RECEIV
MAR 8 19
BUREAU

03443

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH · COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 4 wks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET ADDRESS (If rural, give location) Ocean City Road, Route 4

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Wealthy (Last) Johnson

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Mar. 29 1873	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Issac Hancock	Mary Katherine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Willye Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Valvular Heart Disease	20 yrs
260X Antecedent cause(s)	(b) Arteriosclerosis	20 yrs
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Diabetes Mellitus	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1929, to March 31, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 11 22 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hunter R Mann	MD	Salisbury Md	4/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/3/50	Porterville Cemet.	Stockton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-3-50	Mary W Holloway	The Hill & Johnson Co.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1950
BUREAU V. S.

03444

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) (Last) Johnson

4. DATE OF DEATH (Month) March (Day) 10 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 6—1881
9. AGE last birthday 68/3/4 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Johnson
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. Wimbrow County Co. Snow Hill, Md
17. INFORMANT AND ADDRESS Edna Wilson Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma prostate

177 X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1950, to 3-10, 1950, that I last saw the deceased alive on 3-10, 1950, and that death occurred at 9 20/p m., from the causes and on the date stated above.

SIGNATURE Phil A Lusk (Degree or title) ADDRESS Salisbury Md DATE SIGNED 3-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 13/50
NAME OF CEMETERY OR CREMATORY Baptist
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 3-13-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Alay E. Timmis Snow Hill, ADDRESS Md

988 X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 20 1950
BUREAU V. B.

Evidence for change of age shown on:

FILM No. G 124 MAR 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03447

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. LENGTH OF STAY (in this place) 36 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Powelltown Avenue

3. NAME OF DECEASED (Type or Print) (First) Garretton (Middle) Lemuel (Last) Lewis

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 21 - 1875 - 75 ~~77~~ yrs.
9. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Willards Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John E. Lewis
14. MOTHER'S MAIDEN NAME Nancy Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr Kennedy Lewis (Son) Bishops Md. R.D. #1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	3-5 mos.
Antecedent cause(s)	(b) Cerebral Arteriosclerosis	5 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probably Carcinoma of Bowel

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1950, to March 16, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 7:42 p.m., from the causes and on the date stated above.

SIGNATURE David J Bilmore (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED Mar 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Mar. 19-50 NAME OF CEMETERY OR CREMATORY Lewis Cem. LOCATION (City, town, or county) Willards Md. (State)

DATE REC'D BY LOCAL REG. 3-18-50 REGISTRAR'S SIGNATURE Mary W Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md. Walter R. Holloway

153X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950

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03448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron, Md. LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lillian Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wicomico COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
STREET ADDRESS (If rural give location) 652 W. Isabella Street.

3. NAME OF DECEASED (Type or Print) (First) Mettie (Middle) L. (Last) Lynch (NETTIE L. LYNCH)

4. DATE OF DEATH (Month) (Day) (Year) March 13, 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 25, 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Caroline Co.
12. CITIZEN OF WHAT COUNTRY? no

13. FATHER'S NAME Silas Christopher
14. MOTHER'S MAIDEN NAME Ellen Duker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Phillip Christopher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 x Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1st, 1950, to March 13th, 1950, that I last saw the deceased alive on March 13th, 1950, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

SIGNATURE William Emrich (Degree or title) M.D. ADDRESS Hebron-Md DATE SIGNED March 14th 50

23. BURIAL CREMATION REMOVAL (Specify) DATE 3/16/1950 NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery LOCATION (City, town, or county) Federalsburg, Md. (State)

DATE REC'D BY LOCAL REG. 3-15-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Adams & Williamson ADDRESS Federalsburg, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1950
BUREAU V. R.

03449

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 918 Margaret St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camden
STREET ADDRESS (If rural, give location) 306 Cooper St.

3. NAME OF DECEASED (Type or Print) (First) MARJORIE (Middle) MAE (Last) MAHNKE

4. DATE OF DEATH (Month) Mch (Day) 12 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 27-1920
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sheboygan Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hugo Mahnke
14. MOTHER'S MAIDEN NAME Evelyn (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT City Police Dept. Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
981 × Immediate cause	(a) Sunshot Wound of Head	sudden
166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md.
TIME OF INJURY (Month) Mch (Day) 12 (Year) 1950 (Hour) 2 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Sunshot Wound (murder).

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Chas. T. Fisher M.D. (Degree or title) ADDRESS 300 N Division St, Salisbury Md DATE SIGNED 3/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 18-50
NAME OF CEMETERY OR CREMATORY Wildwood Cem
LOCATION (City, town, or county) Sheboygan (State) Wis.

DATE REC'D BY LOCAL REG. 3-15-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 20 1950
BUREAU V. S.

03450

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Wic.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unk. ?
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Massey
4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH About 1895
9. AGE last birthday About 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Mengitis (Meningococcic) — INTERVAL BETWEEN ONSET AND DEATH 36 hrs

057.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

6

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker (Degree or title) MD ADDRESS 502 No Ohio Salisbury Md DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3-30-50 NAME OF CEMETERY OR CREMATORY State Anatomical Board LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 3-29-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Norma J. Ward ADDRESS Marion Sta., Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 31 1950

03451

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Dr Waters

M

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Route #2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mr Walter (Middle) R. (Last) Matthews

4. DATE OF DEATH (Month) March (Day) 7th (Year) 1950

5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 17-1895
9. AGE last birthday 54/7/20 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Salisbury, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dewitt Mathews
14. MOTHER'S MAIDEN NAME Margaret Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Valdivia 1
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Emily D. Mathews Snow Hill Rural #2 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1950, to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 11:18 A m., from the causes and on the date stated above.

SIGNATURE Fred R. Cramer (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED 3/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 8/50
NAME OF CEMETERY OR CREMATORY Bates Methodist
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 3-9-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 13 1950
BUREAU V. S.

Dr. Rademaker

MARYLAND STATE DEPARTMENT OF HEALTH

03445

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princes Anne
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) McGrath, Jr.

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 2-1921

9. AGE last birthday: 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. John Henry McGrath

14. MOTHER'S MAIDEN NAME: Miss. Addie May Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes ✓ World War #2

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Jean McGrath (Wife) Princes Anne-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X **Immediate cause** (a) Bullet Wound of ~~Heart~~ — INTERVAL BETWEEN ONSET AND DEATH: sudden

164C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION: -----

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) Wicomico — (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Self-inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE J. A. Rademaker M.D. (Degree or title) Deputy Medical Examiner ADDRESS Salisbury Md. DATE SIGNED 3/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/22/50 — NAME OF CEMETERY OR CREMATORY: Sunny Ridge Cemetery — LOCATION (City, town, or county) (State): Crisfield Maryland

DATE REC'D BY LOCAL REG. 3-21-50 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Company -Salisbury, Md. — ADDRESS

Hallie R. Holloway 42050

VS. A15A

RECEIVED
MAR 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03452

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Rural 2
LENGTH OF STAY (in this place): 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Quantico Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Rural 2
STREET ADDRESS (If rural, give location): Quantico Road

3. NAME OF DECEASED (Type or Print): (First) Ruby (Middle) Robertson (Last) Mezick

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 21 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James T. Robertson

14. MOTHER'S MAIDEN NAME: Mary P. Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Mr Glenn G. Mezick Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver

1561 Antecedent cause(s)

46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 10-49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1st, 1949, to March 19th, 1950, that I last saw the deceased alive on March 19th, 1950, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE: William Emrich (Degree or title) M.D ADDRESS: Helen Md DATE SIGNED: March 22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3-23-1950
NAME OF CEMETERY OR CREMATORY: Robertson Cemetery
LOCATION (City, town, or county) (State): Clara Maryland

DATE REC'D BY LOCAL REG. 3-23-50
REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Levin R. Wilson
ADDRESS: Princess Anne Md

RECEIVED
MAR 27 1950
BUREAU V. S.

610

03453

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Middle Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 209 Middle Blvd.

3. NAME OF DECEASED (Type or Print) (First) May (Middle) Roberts (Last) Mitchell
4. DATE OF DEATH (Month) 3 (Day) 26 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 27 1882
9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William A. Roberts
14. MOTHER'S MAIDEN NAME Laura Majors
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Linwood G. Roberts

18. MEDICAL CERTIFICATION

Dr. Hearne

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Embolus of the Brain.

332 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

83b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19th 1950, to March 26th 1950 that I last saw the deceased alive on March 26, 1950, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE J L Hearn (Degree or title) MD ADDRESS 203 W Church St DATE SIGNED 3/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/28/50 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 3-29-50 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS

52086

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03454

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Wicomico Street

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) (Last) Monroe
4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/12/1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) New York, N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Neal Monroe
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT Susie Elliott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — sudden [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J A Rademaker — (Degree or title) Dep. Medical Examiner; ADDRESS Salisbury, Md. 502 N. Division St; DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/17/50
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Mt Vernon Md.

DATE REC'D BY LOCAL REG. 3-13-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Dale Doshell ADDRESS Princess Anne

988 X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 16 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

should not be CB (1 1/2 yrs) 03455

Reg. Dist. No. 336

1. PLACE OF DEATH · COUNTY: Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: North Carolina — COUNTY: Edgecomb
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar — LENGTH OF STAY (in this place): 1 1/2 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rocky Mount
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 308 Chestnut Street	STREET ADDRESS (If rural, give location): 730 Arlington Street ✓

3. NAME OF DECEASED (Type or Print)	(First) Arabella	(Middle)	(Last) Moore	4. DATE OF DEATH (Month) March (Day) 23 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) widowed	8. DATE OF BIRTH: March 8, 1861	9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Gilford W. Worsley		14. MOTHER'S MAIDEN NAME: Betty Proctor		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: O. B. Moore - Delmar, Md. (Del.)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure from general arthritis

Antecedent cause(s)

592 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131 — (b) Bed widdersmen fractured hip for 2 yrs — 2 yrs.

(c) Chronic nephrosis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948, to Mar 23, 1950, that I last saw the deceased alive on Mar 30, 1950, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE: S. H. Lynch (Degree or title) Md — ADDRESS: Delmar Del. — DATE SIGNED: 3-23-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial	DATE: 3-26-50	NAME OF CEMETERY OR CREMATORY: Worsley Family Plot	LOCATION (City, town, or county) (State): Rocky Mount Edgecomb N.C.
DATE REC'D BY LOCAL REG.: March 23 1950	REGISTRAR'S SIGNATURE: Harry E. Hudson	24. FUNERAL DIRECTOR: W. S. Marvel Co.	ADDRESS: Delmar, Del.

RECEIVED
MAR 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03456

393

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 4yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ocean City Rd, Rt #4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Ocean City Rd, Rt #4

3. NAME OF DECEASED (Type or Print): (First) Columore — (Middle) McCredy — (Last) Morris

4. DATE OF DEATH: (Month) 3 — (Day) 18 — (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 10 1868

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Morris

14. MOTHER'S MAIDEN NAME: Mary Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Dessie Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis generalized — 5-6 yrs.

450.0 Antecedent cause(s)

91 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia. — 2 wks.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19....., to Mar 54, 19....., that I last saw the deceased alive on 3-18-50, 19....., and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Lee L. Lawry (Degree or title) M.D. ADDRESS Fruitland, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3/20/50 | NAME OF CEMETERY OR CREMATORY: Forrest Grove Cem. | LOCATION (City, town, or county) (State): Near Parsons Burg Md

DATE REC'D BY LOCAL REG. 3-18-50 | REGISTRAR'S SIGNATURE: Mary D. Holloway

24. FUNERAL DIRECTOR ADDRESS: The Hill & Johnson Co Salisbury, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03457

592

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
LENGTH OF STAY (in this place) 7yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eden
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) May (Last) Hadaway

4. DATE OF DEATH (Month) 3 (Day) 17 (Year) 1950

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Feb. 8, 1877 | 9. AGE last birthday 72 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Mass. | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George A. Sanderson | 14. MOTHER'S MAIDEN NAME Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Miles Irma Hadaway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 1 yr.

450.0 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16, 1950, to 3-17-, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 10PM m., from the causes and on the date stated above.

SIGNATURE Lee L. Lowry (Degree or title) ADDRESS Fruitland, Md. DATE SIGNED 3-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/20/50 | NAME OF CEMETERY OR CREMATORY Hemstead Cemetery | LOCATION (City, town, or county) (State) Long Island N.Y.

DATE REC'D BY LOCAL REG. 3-18-50 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR AND ADDRESS The Wm. P. Johnson Co. Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 21 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03458

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico Co MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Rome (Middle) Parker (Last)

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 11-1873

9. AGE last birthday: 72 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Minos Parker

14. MOTHER'S MAIDEN NAME: Charlotte Brittingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Erma Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pernicious Anemia — Interval between onset and death: 10 yrs

290.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b)

(c) Cardio Vascular Disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14, 1944, to 3/22, 1950, that I last saw the deceased alive on 3/22, 1950, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. V. Wood M.D. Pittsboro Md

23. BURIAL, CREMATION, REMOVAL (Specify) DATE March 25 1950 NAME OF CEMETERY OR CREMATORY Parkers LOCATION (City, town, or county) Near Pittsville (State) Md

DATE REC'D BY LOCAL REG. 3-23-50 REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Wm Howard Wells ADDRESS Pittsville Md

RECEIVED
MAR 27 1950
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(Dr. Graves)

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03459

CERTIFICATE OF DEATH

Reg. Dist. No. 338

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 205 Baker street

3. NAME OF DECEASED (Type or Print) (First) Mr Samuel (Middle) Franklin (Last) Phippin

4. DATE OF DEATH (Month) March (Day) 13 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 15 - 1875
9. AGE last birthday 74 yrs. If under Months. 1 year Days If under Hours 24 hrs. Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fruitland Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Goldsboro Phippin
14. MOTHER'S MAIDEN NAME Margaret Lynn Phippin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS George H. Phippin (Son) R.D. # 1, Delmar Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic Heart Disease

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to 3/13, 1950, that I last saw the deceased alive on 3/13, 1950, and that death occurred at 5:30P m., from the causes and on the date stated above.

SIGNATURE Fred L. Graves (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 3/16/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE March 16-50 NAME OF CEMETERY OR CREMATORY Mt. Olive Cem. LOCATION (City, town, or county) Delmar Del. (State)

DATE REC'D BY LOCAL REG. 3-16-50 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter K. Holloway

RECEIVED
MAR 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

03460

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print): (First) Carrie; (Middle); (Last) Price

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 7-25-1901

9. AGE last birthday: 48 yrs. If under 1 year: Months 7, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory

10b. KIND OF BUSINESS OR INDUSTRY: Marvel Packing Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John West

14. MOTHER'S MAIDEN NAME: Josephine Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT AND ADDRESS: Claude Price, Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175x **Immediate cause** (a) Stricture of throat due to Metastatic Carcinoma — Interval Between Onset and Death: 6 mo.

Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Ovary. — 1 year.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1949, to 3/10, 1950, that I last saw the deceased alive on 3/10, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leonard H. Saunders M.D. Nanticoke Md 3/11/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 3-13-50; NAME OF CEMETERY OR CREMATORY: Church Yard Cemetery; LOCATION (City, town, or county) (State): Quantico, Wicomico Co. Md

DATE REC'D BY LOCAL REG. 3-13-50; REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Norma J. Ward; ADDRESS: Marion Sta., Md.

XVX 53

RECEIVED
MAR 16 1950
BUREAU

Dr. Gramse

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03461

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 201 W. Monticello Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 201 W. Monticello Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Francis (Last) Richardson

4. DATE OF DEATH: (Month) Mar. (Day) 7- (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 21-1905

9. AGE last birthday: 44 yrs. If under 1 year: Months 3, Days 16, Hours, Mln. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Collector of Internal Revenue

10b. KIND OF BUSINESS OR INDUSTRY: Gov't.

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Francis Richardson

14. MOTHER'S MAIDEN NAME: Miss. Martha W. Grady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Ruby B. Richardson (Wife) 201 W. Monticello Ave. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1
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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950 to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

SIGNATURE: Lloyd A. Gramse (Degree or title) M.D. ADDRESS: Salisbury Md. DATE SIGNED: 3/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3/9/50

NAME OF CEMETERY OR CREMATORY: Crisfield Maryland Cemetery

LOCATION (City, town, or county) (State): Crisfield Maryland

DATE REC'D BY LOCAL REG. 3-7-50

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company- Salisbury, Md.

Walter R. Holloway 11297

RECEIVED
MAR 10 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03462

CERTIFICATE OF DEATH

Reg. Dist. No. 4-352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. | LENGTH OF STAY (in this place) 30 Yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline (Wicomico)
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
   STREET ADDRESS (If rural, give location) Near Bethel

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) REBECCA (Last) Ricketts

4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: January 30, 1883

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Webb

14. MOTHER'S MAIDEN NAME: Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Rachael Brummell, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Failure

491X Antecedent cause(s)

23a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c) Bilateral Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1950, to March 18th, 50, that I last saw the deceased alive on March 17, 1950, and that death occurred at 3:20 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Heam MD — MD — 253 W. Church St. Md. —

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: March 21, 1950 | NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery | LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: March 21, 1950 | REGISTRAR'S SIGNATURE: S. S. Frampton — Mary W. Holloway

24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md. | ADDRESS

RECEIVED
MAR 27 1950
BUREAU P. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03463

CERTIFICATE OF DEATH

Reg. Dist. No. 336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury (rural); LENGTH OF STAY in this place: Since 1/13/47
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hosp. Salisbury, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harriett (Middle) Cora (Last) Riley

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 29, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months. 9 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Patient on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 3 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/ 19 47, to 3/22 19 50, that I last saw the deceased alive on 3/21/ 19 50 and that death occurred at 8:45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S H Hundley M.D. Salisbury, Md. 3/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-24-50 | NAME OF CEMETERY OR CREMATORY: Mount Olive Cemetery | LOCATION (City, town, or county) (State): Delmar - Sussex - Delaware

DATE REC'D BY LOCAL REG.: March 24 1950 | REGISTRAR'S SIGNATURE: Harry E Hudson | 24. FUNERAL DIRECTOR: W. S. Morrell Co | ADDRESS: Delmar, Del.

52086

RECEIVED
MAR 27 1950
ROANOKE, VA.

03464

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) Fruitland Md.

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Rocksbury

4. DATE OF DEATH (Month) 3 (Day) 29 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 3/27/50

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Fruitland, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carroll Rocksbury

14. MOTHER'S MAIDEN NAME Rachel Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Carroll Rocksbury Fruitland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Premature - 28 weeks

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---

(CITY OR TOWN) -- (COUNTY) -- (STATE) --

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? --

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L A Rademaker (Degree or title) Deputy Medical Examiner; ADDRESS 502 N. Division St; Salisbury, Maryland DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3/30/50

NAME OF CEMETERY OR CREMATORY Family Cem.

LOCATION (City, town, or county) Fruitland (State) Md.

DATE REC'D BY LOCAL REG. 3-29-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Baker M. West ADDRESS Salisbury Md

4-0-3-27-024-3-31-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 31 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03465

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylorville, Md (Berlin R.F.D.)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Thomas (Last) Rogers

4. DATE OF DEATH (Month) Mar. (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 20, 1876
9. AGE last birthday 73 yrs. If under 1 year: Months 6 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Farmer
10b. KIND OF BUSINESS OR INDUSTRY Fish - farm
11. BIRTHPLACE (State or foreign country) Berlin Md. R.F.D.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John S. Rogers
14. MOTHER'S MAIDEN NAME Elizabeth Jarvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. J. T. Rogers Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Peritonitis	about 3 weeks
560.5 Antecedent cause(s)	Ruptured abdominal viscus	" "
122a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia; Renal insufficiency — 10 days 2 days

19a. DATE OF OPERATION March 15, 1950
19b. MAJOR FINDINGS OF OPERATION Abdominal abscess; peritonitis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1950, to March 19, 1950 that I last saw the deceased alive on March 18, 1950 and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE David Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 3/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/21/50
NAME OF CEMETERY OR CREMATORY Taylorville
LOCATION (City, town, or county) Taylorville Berlin (State) Md.

DATE REC'D BY LOCAL REG. 3-24-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS R.F.D. Berlin Md.

RECEIVED
MAR 27 1950
BUREAU

Dr Dean or Dr Bare.

03466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roscoe		Rogers	March	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH (Month) (Day) (Year)	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored		[illegible] 49	7				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Girdletree Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Rogus	Lena Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	William Rogus, Girdletree, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia with	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Septicemia and	
	(c) Acidosis & dehydration	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Mar 29, 1950, to Mar 31, 1950, that I last saw the deceased alive on Mar 30, 1950, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jerrett E Deane M.D.		Peninsula Gen Hospital	Mar 31, 1950

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 1/50	Cool Springs	Girdletree,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-31-50	Mary W. Holloway	Clay E. Dennis	Snow Hill, Md

2-07-29-9-29-8-40-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03467

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lillian St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Lillian St.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Jane (Last) Seabrease

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH aug. 11, 1858

9. AGE last birthday 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY (Own home)

11. BIRTHPLACE (State or foreign country) Spring Hill, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jonathan A. Bethard

14. MOTHER'S MAIDEN NAME Annie Maria Rhodes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Levin Seabrease

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

930 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4th, 1950, to March 4th, 1950, that I last saw the deceased alive on March 24, 1950, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Emrich M.D Hebron Md March 7-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE March 9, 1950

NAME OF CEMETERY OR CREMATORY Mardela Cemetary

LOCATION (City, town, or county) (State) Mardela Springs, Md.

DATE REC'D BY LOCAL REG. 3-8-50

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. L. Messick

ADDRESS Bivalve, Md.

RECEIVED
MAR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03468

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 26 Mallow Hill Road

3. NAME OF DECEASED (Type or Print): (First) Malcolm — (Middle) Leonard — (Last) Schlick
4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		2-5-03	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Coal Baking Co.	Maryland	U.S.A.

13. FATHER'S NAME: Leonard Schlick
14. MOTHER'S MAIDEN NAME: Frances Elizabeth Calvert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Mr. Donald Schlick (Brother) 3314 Lamade St. Balto 16 Md

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Brain injury (Laceration)	18 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured ribs	18 hrs

819.5
1700

21a. DATE OF OPERATION	21b. MAJOR FINDINGS OF OPERATION	22. AUTOPSY?
None		Yes ☐ No ☑

23. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN) near Delmar	(COUNTY) Wicomico	(STATE) Del

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☑ Not while at work ☐	HOW DID INJURY OCCUR?
3 18 50 3 p.m.		Truck he was driving struck tree

24. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J.A. Rademaker MD	Dept Hd Exm Salisbury Md	3/18/50

25. BURIAL, CREMATION (REMOVAL) (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	March 19-50		Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
3-19-50	Mary W. Holloway	W.E. Dickerson & Son	Balto. Md. North & Penna. Ave 420 X

RECEIVED
MAR 21 1950
IN PEAU U. S.

03469

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 618 Park Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): 618 Park Ave.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Sheppard
4. DATE OF DEATH: (Month) 3 (Day) 29 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 1, 1880
9. AGE last birthday: 70 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William E. Sheppard
14. MOTHER'S MAIDEN NAME: Ella Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Walter Sheppard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Artery Occlusion — 1 hr.

Antecedent cause(s) — Symptoms

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Artery Arteriosclerosis — 2 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Subsiding Influenza (Virus?) infection — 3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1950, to June 29, 1950, that I last saw the deceased alive on March 29, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE: David J. Gilmore (Degree or title) M.D. — ADDRESS: Salisbury Md. — DATE SIGNED: March 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/31/50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury (State): Md.

DATE REC'D BY LOCAL REG.: 3-31-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Neil & Johnson Co. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU V. S.

03470

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 1 wk.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melsons
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen Gen Hosp.	STREET ADDRESS (If rural, give location) Melsons

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) H. (Last) Showell			4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1950	
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1885	9. AGE last birthday 65 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Farmhand	10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Del.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Isiah Showell			14. MOTHER'S MAIDEN NAME Laura Parker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Stansberry Showell.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	4 mos
610X Antecedent cause(s)		
137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hydronephrosis	
	(c) Benign Prostatic Hypertrophy	10 yrs or more

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION no	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1950, to 3/6, 1950, that I last saw the deceased alive on 3/5, 1950, and that death occurred at 2:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest M. Larmore	M.D.	Delmar, Del.	3/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3-12-50	NAME OF CEMETERY OR CREMATORY Glass Hill Cem	LOCATION (City, town, or county) Parsonsburg	(State) Md
DATE REC'D BY LOCAL REG. 3-8-50	REGISTRAR'S SIGNATURE Mary W Holloway	24. FUNERAL DIRECTOR Bunker M Wesh	ADDRESS	

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

I

RECEIVED
MAR 10 1950
BUREAU V. S.

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03471

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen, Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md.
STREET ADDRESS (If rural, give location): Nurses Home- Pen. Gen. Hospital

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Mar. (Day) I- (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 13-1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reg. Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nurseing

11. BIRTHPLACE (State or foreign country): Green Hill Md., Somerset -Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Webb

14. MOTHER'S MAIDEN NAME: Mary Emily Cottman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: John S. Revelle- 3400 University Place Baltimore 18, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis (Arteriosclerotic)

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15, 1950, to 3-3, 1950, that I last saw the deceased alive on 3-3, 1950, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE: Hugh A Insley (Degree or title) ADDRESS: Salisbury Md. DATE SIGNED: 3-3-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-4-50	Episcopal Cemetery	Pocomoke Md.

DATE REC'D BY LOCAL REG. 3-3-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company- Salisbury, Md.

Walter R. Holloway V3692

VS. A15

RECEIVED
MAR 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03472

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendly Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 402 Pine St.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Benjamine (Last) Stephens

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH: Sept 14, 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ruben Stephens

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Ida Stephens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coma from Cebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension & arterio sclerosis	5 yrs
	(c)	

331 X 83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 49, to Mar 23, 1950, that I last saw the deceased alive on Mar 22, 1950, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

SIGNATURE J. A. Lynch (Degree or title) Md ADDRESS Delmar DATE SIGNED Mar 24 50

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial — DATE 3/25/50 — NAME OF CEMETERY OR CREMATORY M. E. Cemetery — LOCATION (City, town, or county) Delmar (State) Del.

DATE REC'D BY LOCAL REG. March 24 1950 — REGISTRAR'S SIGNATURE Harry E Hudson

24. FUNERAL DIRECTOR W. L. Marvel Co — ADDRESS Delmar, Del

27480

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 27 1950
BUREAU V

03473

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

1. PLACE OF DEATH · COUNTY: Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar — LENGTH OF STAY (in this place): 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Delmar
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 W.State St.	STREET ADDRESS (If rural, give location): 100 W.State Street

3. NAME OF DECEASED (Type or Print)	(First) Raymond	(Middle) Franklin	(Last) Sullivan	4. DATE OF DEATH	(Month) Mar. (Day) 12 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: July 5,1914	9. AGE last birthday: 35 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY: Truck	11. BIRTHPLACE (State or foreign country): Delmar, Del	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Franklin Sullivan	14. MOTHER'S MAIDEN NAME: Elsie Collins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 221-10-7838	17. INFORMANT AND ADDRESS: Mrs Raymond Sullivan, Delmar, Del.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Immediate

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no	19b. MAJOR FINDINGS OF OPERATION: no	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): no	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): no m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from Deceased on arrival, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest M. Larmore	M.D.	Delmar, Del.	3/13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-14-1950	Mt Olive Methodist	Delmar, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-14-1950	Harry E. Hudson	W. S. Mansel Co.	Delmar, Del.

42069

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 16 1950
BUREAU V. S.

Dr Gilmore

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03474

CERTIFICATE OF DEATH

Reg. Dist. No. 332

FILE No. G 12 MAR 30 1950

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Delaware — COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seaford (near)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Jefferson (Last) Vaughn

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct 21 ~~1886~~ 1876
9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Medicine
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Vaughn
14. MOTHER'S MAIDEN NAME: Margaret A. Marini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Katherine Eichman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

332x Antecedent cause(s) (b) Cerebral Arteriosclerosis — approx 8 yrs

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1950, to 3/12, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE: David J. Gilmore (Degree or title) M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 3/12/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: 3/15/50 — NAME OF CEMETERY OR CREMATORY: Cokesbury Church — LOCATION (City, town, or county) (State): Dorchester Co (near Reliance)

DATE REC'D BY LOCAL REG.: 3-15-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Hill & Johnson Co — ADDRESS: Sharptown, Md

27860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.

03475

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mardela
STREET ADDRESS (If rural, give location): Railroad Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Charles (Last) Wagner
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 50
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 9 - 1876
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Wagner
14. MOTHER'S MAIDEN NAME: Sarah Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. Rhiney Wagner (Wife) Mardela Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

481X Immediate cause (a) La Grippe — 4 days.

Antecedent cause(s)

33b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Arterio S Derosis - Cerebral — 4 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 21, 1950, to Mar 25, 1950, that I last saw the deceased alive on Mar 25, 1950, and that death occurred at 8.40P m., from the causes and on the date stated above.

SIGNATURE: H B Kuhlman (Degree or title) M D — ADDRESS: Sharptown Md — DATE SIGNED: 3/27/50

23. BURIAL, CREMATION REMOVAL (Specify): — DATE: March 28-50 — NAME OF CEMETERY OR CREMATORY: Mardela Cem. — LOCATION (City, town, or county) (State): Mardela Md.

DATE REC'D BY LOCAL REG.: 3-28-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Holloway & Co. — ADDRESS: Salisbury Md.

Walter R. Holloway 98809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
MAR 31 1950

Evidence for change of age shonw on:

FILM No. G 124 MAR 14 1950

03476

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clara
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clara
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Washington (Last) Wainwright
4. DATE OF DEATH (Month) Mch (Day) 3d (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Mch 27th 1884
9. AGE last birthday 66 65 yrs. If under 1 year Months 11 Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Clara, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Wm H. Wainwright
14. MOTHER'S MAIDEN NAME Sarah Margaret Efford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. —
17. INFORMANT Herman Wainwright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: sudden

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas T. Fisher M.D. 300 N. Division St, Salisbury, Md 3/4/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/6/50
NAME OF CEMETERY OR CREMATORY Bivalve Methodist Cem.
LOCATION (City, town, or county) (State) Bivalve, Maryland

DATE REC'D BY LOCAL REG. 3-6-50
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR C. G. Mesorik, ADDRESS Bivalve, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 9 1950
BUREAU V. S.

Evidence for change of #4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

03446

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILE No. 8 125 APR 13 1950

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wicomico River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 311 Smith St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Otis (Middle) Lancelot (Last) Whayland
4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Aug 4-1897
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Dredge Boat.
11. BIRTHPLACE (State or foreign country): Salisbury Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Leland Whayland.
14. MOTHER'S MAIDEN NAME: Lula Boston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Lois Dyson (Sister) 311 Smith St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

851.8
172

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -- — 19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 13 (Year) 50 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Accidentally fell in river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) Deputy Med. Examiner — ADDRESS Salisbury, Md. 502 N. Division St. — DATE SIGNED 3/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Mar. 18-50 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 3-18-50 — REGISTRAR'S SIGNATURE Mary B. Holloway — 24. FUNERAL DIRECTOR Holloway & Co — ADDRESS Salisbury Md.

Walter K Holloway VVL-51

RECEIVED
MAR 21 1950
BUREAU V A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03477

Reg. Dist. No. 332

606

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) MARYLAND 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 400 Mitchell St.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Quinton (Last) White

4. DATE OF DEATH (Month) 3 (Day) 23 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 8 1898

9. AGE last birthday 51 yrs. If under 1 year: Months 4 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker & Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY Janitor

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ebenezer W. White

14. MOTHER'S MAIDEN NAME Rosa G. Gordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) Not L. Army (If yes, give war or dates of service) W. I

16. SOCIAL SECURITY NO. 217-10-3575

17. INFORMANT AND ADDRESS J. Sidney White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 3½ yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rheumatic Heart disease — Duration 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary & laryngeal Tuberculosis — Approx 15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 49, to March 23 50, that I last saw the deceased alive on March 23, 50, and that death occurred at 8:33 P.M., from the causes and on the date stated above.

SIGNATURE David Gilbert (Degree or title) MD ADDRESS Salisbury DATE SIGNED Mch. 3/25/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 3/25/50 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 3-25-50 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR H. Hall Johnson Co. ADDRESS

740-98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03478

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 5 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 143 W. College Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New Jersey — COUNTY: Essex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Montclair
STREET ADDRESS (If rural, give location): 26 Prescott Ave.

3. NAME OF DECEASED (Type or Print): (First) Felice (Middle) (Last) Williams
4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feby 23, 1913
9. AGE last birthday: 37 yrs. — If under 1 year: Months. Days 6 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary Private
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Benjamin E. Williams
14. MOTHER'S MAIDEN NAME: Jennieve I. Houck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hugh P. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis — 3 mon

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast — 6 mon

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Salisbury (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2.1.50, 1950, to 2.1, 1950, that I last saw the deceased alive on 3.1, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: 504 N Division St Salisbury — DATE SIGNED: 3.4.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/4/50 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury (State) Md.
DATE REC'D BY LOCAL REG.: 3-6-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: The Hill & Johnson Co. — ADDRESS:

236-99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03479

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs
LENGTH OF STAY (In this place) Corpse.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wics.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle Springs
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) ELIZABETH (Last) WILSON

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1950

5. Sex: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 19 1860

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Long

14. MOTHER'S MAIDEN NAME: Syrena —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Fred Wilson

18. MEDICAL CERTIFICATION — Dr. Timm

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dilatation of Heart — 434.3

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Old age & weakness — 95C

(c) above

INTERVAL BETWEEN ONSET AND DEATH: 2/26/50 to 3/17/50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1950, to Mch 12, 1950, that I last saw the deceased alive on Mch 12, 1950, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Fred P Timm MD — ADDRESS: Mardela Springs — DATE SIGNED: 3/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/19/50 — NAME OF CEMETERY OR CREMATORY: Mardela — LOCATION (City, town, or county) (State): Mardela, Md.

DATE REC'D BY LOCAL REG. 3-14-50 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Ed Hall & Johnson Co.

VS. A15

RECEIVED
MAR 17 1950
BUREAU V. S.